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ELIZABETH CUBE	(Depositor's name)	
April	16.2010	(Signature
APRIL 16, 2010	(Date	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/758,966 TITLE OF INVENTION:	01/16/2004	DIANE K. STEWART			F125	6517	
ELECTRON BEAM PRO	CESSING FOR MASK RE	EPAIR					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
NONPROVISIONAL	NO	\$1,510.00		\$300.00	\$1,810.00	05/17/2010	
EXAMINER		ART UN	IIT	CLASS-SUBCLASS]		
OLSEN	OLSEN , ALLAN W.		2 216-063000		,		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the na or agents	printing on the patent front page, list anames of up to 3 registered patent attorneys ints OR, alternatively, aname of a single firm (having as a member a red attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed. SCHEINBERG & GRINER, LLP 2_DAVID GRINER 3_MICHAEL O. SCHEINBERG			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN FEI COMPANY	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR COU		locument has been filed for	
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11	MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMAl ny) or to re-apply any previously e other than the applicant; a regi		(0)()	
Authorized Signature Authorized Signature			Date APRIL 16, 2010				
Typed or printed name DAVID GRINER			Registration No. 47,614				

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